



GEORGIA BOARD OF NURSING
237 Coliseum Drive • Macon, Georgia 31217
(478) 207-2440

Instructions for Out of State Applicants to Obtain Fingerprints for a Background Check

The Georgia Board of Nursing requires a fingerprint background check on all applicants. Because the State of Georgia does not have an electronic method in place to process background check requests for out of state applicants for licensure as a registered nurse, you may use the manual process below for submitting fingerprint cards directly to Cogent Systems. Cogent Systems will scan the fingerprint card and submit the images to the State. The fingerprint cards will be used to conduct a Federal/State criminal history record check on the applicant.

How can the out of state applicant obtain a fingerprint background check?

1. A local law enforcement agency or private fingerprinting company may provide fingerprint cards, but the applicant must ensure they are blue FBI fingerprint cards (FD-258). Individuals must request three fingerprint cards. Do **not** download fingerprint cards from the FBI web site, even if the FBI suggests you do so. **Only** card stock FD-258 fingerprint cards will be accepted. If your local law enforcement is unable to provide you with FD-258 cards please contact ccannon@sos.ga.gov. Please do not attempt to obtain the cards from the FBI.
2. When the applicant receives three (3) FBI cards, the applicant must legibly complete the identification section on each card. Below are the information blocks that must be completed in their entirety on all cards. Illegible and incomplete cards will not be processed and the applicant will be notified by the Georgia Board of Nursing to complete and submit **new** fingerprint cards. A local law enforcement agency or a private company that is trained and authorized must roll your fingerprints. **NOTE:** It is suggested that you have three (3) fingerprint cards printed, and submit only one (1) to Cogent Systems. You may have your first card rejected and be required to submit your other fingerprint cards at a later date.

APPLICANT		TYPE OR PRINT ALL INFORMATION IN BLACK		FBI	
1. LAST NAME NAM		FIRST NAME		MIDDLE NAME	
1. DOE		JANE/JOHN		N	
2. SIGNATURE OF PERSON FINGERPRINTED		ALIASES AKA		DATE OF BIRTH DOB	
2. Jane John Doe		GA922931Z STATE BD OF NURSING MACON, GA		10. 3/15/1965	
3. RESIDENCE OF PERSON FINGERPRINTED		CITIZENSHIP CTZ		SEX SEX	
3. 123 Any Street Macon, GA 31217		7. USA		9. M/F U	
4. DATE		YOUR NO. OCA		EYES EYES	
4. 5/28/09		5. SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		10. Bro	
5. John Jones, Officer #5555		FBI NO. FBI		11. Gry	
6. REASON FINGERPRINTED		ARMED FORCES NO. MNU		11. PLACE OF BIRTH POB	
6. GEORGIA BOARD OF NURSING REGISTERED PROFESSIONAL NURSE		SOCIAL SECURITY NO. SOC		11. GEORGIA	
		8. 555-55-5555			
		MISCELLANEOUS NO. MNU			

W – White,
Hispanic/Latino(a)
B – Black
A – Asian/Pacific Islander
I – American Indian/Alaskan
Native
U – Unknown

Bl – Black
Bro – Brown
Blu – Blonde
Red – Red/Auburn
Gry – Gray
Blu – Blue
Grn – Green

1. Printed Name - Last, First & Middle Names
2. Signature of Person Fingerprinted
3. Residence of Person Fingerprinted - Complete Address
4. Date Fingerprinted
5. Signature of Official Taking Fingerprints
6. Reason Fingerprinted Georgia Board of Nursing, Registered Professional Nurses
7. Citizenship (Country)
8. Social Security Number *if Applicable*
9. Sex, Race, Height, Weight, Eyes & Hair
10. Date of Birth
11. Place of Birth

3. The applicant **MUST** register **ONLINE** at www.ga.cogentid.com prior to mailing in a fingerprint card. Mail your **printed receipt** and fingerprint cards to 3M Cogent, Attn: Fingerprint Card Scan GAPS, 5025 Bradenton Ave., Suite A, Dublin, OH 43017.
4. Applicants must include their **REGISTRATION ID** (obtained online during registration) on the back of the fingerprint card.

Registration Process

1. Visit the website at www.cogentid.com.
2. Select **Georgia/GAPS**
Locate the on Registration menu and choose **Single Applicant Registrations**
(All of the fields that are in yellow and have an **asterisk (*)** must be completed)

3. Near the end of the Registration screen you will see a heading entitled **Transaction Information**. In this area you must:
- a) Click on the drop box next to **Reason** and select the reason the applicant is being fingerprinted (**Registered Professional Nurses**). If you submitted FD-258 fingerprint cards through mail to GAPS Cogent Systems please check the box that indicates (**Out of State Applicants ONLY, all other cards will be returned**) and confirm your use of fingerprint card.
 - b) Click on the drop box next to **Payment** and select the appropriate payment option. If credit card is selected you will be prompted to enter additional information so please have credit card information available during the registration process. If the applicant is paying with a money order or cashier's check, the applicant must provide the money order or cashier's check, payable to **GA Card Receiver, 3M Cogent, Attn: Fingerprint Card Scan GAPS, 5025 Bradenton Ave., Suite A, Dublin, OH 43017**.
 - c) Enter **GA922931Z** in the **ORI/OAC** field.
 - d) Enter **922931Z** in the **Verification** field.
- Do Not** check the box for 'Does another agency make the fitness determination'
- e) Click **Next** at the bottom of the page and you will be given the opportunity to review your information. If all of the information displayed is correct, click **Next** and you will be given a **Registration ID** number. The **Registration ID** number **will be needed** by the applicant to be written on back of the fingerprint card.